Division of Corporations Public Access System

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(((H08000152311 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### HOSHI SUSHI & BAR, LLC

Certificate of Status 0 Certified Copy 1 Page Count 03 **Estimated Charge** \$155.00

J. BRYAN

JUN 17 2008

EXAMINER

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Corporate Filing Menu

Help

FROM : LAZARUS

FAX NO. :3052201440

Jun. 16 2008 10:35AM P2

DEPARTMENT OF STATE Division of Corporations



To whom it may Concern:

I am writing This LETTER TO inform

HAT I am THE SAME OWNER of

toshi sushi & BAR, CORP, which corporation

I am Dissolving And NOT Planning on

REVOCATE THAT Dissolution in THE FUTURE.

Sincerely

WENCEL GONZALEZ CAPPILES

## H08000152311

ON JUN 16 TH OF STATIONS
IPANY PANY PROPERTY OF STATIONS

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY   |  |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is:  |  |
| Hoshi Sushi & ba (Must and with the words "Limited Liable)   | R LLC<br>hty Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address of the pr   | rincipal office of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address;   |
| 5620 NW, 107 AUG APTO<br>1510, DORAL, FL. 33178  | SAME   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)   | i Office, & Registered Agent's Signature:  |
| The name and the Florida street address of the t   | registered agent are:  |
| Namo   |  |
|  | UF APTO F1510<br>dress (P.O. Box NOT acceptable)   |
| DORAL City, State,   | FL 33178<br>and Zip  |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete per accept the obligations of my position as regi | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S |
|  |  |

(CONTINUED)
Page 1 of 2

H08000152311

# H0800015231

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u><br>"MGR" – Manager<br>"MGRM" = Managing Member | Name and Address:   |
|--|---|
| MGRM   | Wencel Gonzalez Capriles<br>5620 NW, 107 AVE APTO ISIO<br>DORAL, FL 33178 |
|  |   |
|  |   |
|  | ,   |
|  |   |

(Use attachment if necessary)

.. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing. (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated horoin are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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